



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

BALLOT QUESTION COMMITTEE  
COVER PAGE

FILED  
05 AUG -1 AM 10:46  
CARTIELLA SABAUGH  
MACOMB COUNTY CLERK  
MT CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer or designated record keeper.

3. This Statement covers From: 4-17-06 To 5-22-06  
Mo Day Year Mo Day Year

1. Committee I.D. Number

137553

4. Committee's Mailing Address

30695 TENNESSEE  
ROSEVILLE, MI 48066

2. Committee Name

EXCELLENCE IN EDUCATION

Area Code and Phone ( ) 586-296-7374  
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

5. Treasurer's Name and Residential Address

LORI COOK

30695 TENNESSEE

ROSEVILLE, MI 48066

Area Code and Phone ( ) 586-296-7374

6. Treasurer's Business Address

7. Designated Record Keeper's Name and Mailing Address  
(If the committee has a Designated Record Keeper)

Area Code and Phone ( )

Area Code and Phone ( )

8. TYPE OF STATEMENT:

8a. ☐ PRE-ELECTION

OR

8b. ☒ POST-ELECTION

Pre-Election or Post-Election Statement relates to:

☐ PRIMARY

☐ GENERAL

☒ SCHOOL

☐ SPECIAL

Date of Election:

5 - 2 - 06  
Month Day Year

8c. ☐ ANNUAL STATEMENT  
(\_\_\_\_ Coverage Year)

8d. ☐ QUALIFICATION  
OR

☐ NON-QUALIFICATION  
STATEMENT (Required of  
State-wide Ballot Question  
Committees Only)

Date of Qualification or Non-  
Qualification:

Month Day Year

8e. ☒ AMENDMENT TO CAMPAIGN  
STATEMENT

(Complete Item 8a, 8b, 8c 8d, or 8f to  
indicate which Statement is being amended)

8f. ☐ DISSOLUTION OF COMMITTEE

Effective Date of Dissolution

Month Day Year

By checking this item, I certify that the  
committee has no assets or outstanding debts,  
including late filing fees. Note: The disposition  
of residual funds must be reported on Schedule  
4B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold.

If any of the information listed in items 4, 5, 6, or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.

9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.

Current Treasurer or  
Designated Record Keeper

LORI M. COOK

Type or Print Name

Lori M Cook

Signature

Date 8/1/06  
Month Day Year



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

**SUMMARY PAGE**  
**BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number

137553

2. Committee Name

Excellence in Education

**RECEIPTS**

3. Contributions

a. Itemized Contributions (Schedule 4A, Column 6)

Column I  
This Period  
(3a.) \$ 1646.00

b. Unitemized Contributions  
(less than \$20.01 - no Schedule)

(3b.) \$ NOT APPLICABLE

c. Subtotal of Contributions

(3c.) \$

4. Other Receipts (Schedule 4A-1, Column 6)

(4.) \$

5. **TOTAL CONTRIBUTIONS AND OTHER RECEIPTS**

(Add Line 3 c + Line 4)

(5.) \$ 1646.00

**IN-KIND CONTRIBUTIONS**

6. In-Kind Contributions

a. Itemized In-Kind Contributions  
(Schedule 4-IK, Column 7)

(6a.) \$

b. Unitemized (less than \$20.01 each - no Schedule)

(6b.) \$ NOT APPLICABLE

7. **TOTAL IN-KIND CONTRIBUTIONS**

(Add Line 6a + Line 6b)

(7.) \$

**EXPENDITURES**

8. Expenditures

a. Itemized Direct Expenditures (Schedule 4B, Column 7)

(8a.) \$ 3203.23

b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)

(8b.) \$

c. In-Kind Expenditures - Purchase of Goods or Services  
(Schedule 4B-2, Column 7)

(8c.) \$

d. Unitemized Expenditures (\$50.00 or less-no Schedule)

(8d.) \$

e. Subtotal of Expenditures

(8e.) \$ 3203.23

9. Independent Expenditures (Schedule 4B-1, Column 7)

(9.) \$

10. **TOTAL EXPENDITURES** (Add Line 8e + Line 9)

(10.) \$ 3203.23

**IN-KIND EXPENDITURES**

11. Total In-Kind Expenditures-Endorsements, Donations or  
Loans of Goods or Services (Schedule 4B-2, Column 8)

(11.) \$

**DEBTS AND OBLIGATIONS**

12. Debts and Obligations

a. Owed by the Committee (Schedule 4E)

(12a.) \$

b. Owed to the Committee (Schedule 4E)

(12b.) \$

Column II  
Cumulative for Election Cycle

(18.) \$

(19.) \$

(20.) \$

(21.) \$

(22.) \$

(23.) \$

(24.) \$

(25.) \$

**BALANCE STATEMENT**

13. Ending Balance of last report filed  
(Enter zero if no previous reports have been filed.)

(13.) \$ 2888.27

14. Amount received during reporting period  
(Line 5, Column I, Total Contributions & Other Receipts)

(14.) + 1646.00

15. **SUBTOTAL** Add lines 13 and 14

(15.) = 4544.27

16. Amount expended during reporting period  
(Line 10, Column I, Total Expenditures)

(16.) - 3203.23

17. **ENDING BALANCE**  
(Subtract line 16 from line 15)

(17.) \$ 1341.04

\*If your ending balance is negative, please recheck your math.



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number

137553

2. Committee Name

Excellence in Education

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name: <u>Schepter, Tina</u> Address: <u>29540 Joan Dr; Roseville Mi 48066</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt <u>5/1/06</u>	\$40.00	
3. Contribution # 2 Name: <u>DeFelice, Lisa</u> Address: <u>15437 Curtis; Roseville Mi 48066</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Teacher</u> Employer <u>Roseville Schools</u> Business Address <u>18530 Marquette Roseville 48066</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt <u>5/1/06</u>	\$50.00	
3. Contribution # 3 Name: <u>Renee Clark Builders, LLC</u> Address: <u>35123 Wellston Ave; Sterling Hts 48312</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt <u>5/1/06</u>	\$100.00	
3. Contribution # 4 Name: <u>Dalan Eubanks</u> Address: <u>16937 12 Mile Rd; Roseville, Mi 48066</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt <u>5/1/06</u>	\$50.00	
Page Subtotal) Grand Total of All Schedules 4A (Complete on last page of Schedule)		240.00	

Enter this total  
on line 3a of  
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MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number

137553

2. Committee Name

Excellence in Education

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1</p> <p>Name: JJ Mich. Inc</p> <p>Address: P.O. Box 680 Roseville, Mi 48066</p> <p>4. Date of Receipt: 5/1/06</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$ 200.00</p>		
<p>3. Contribution # 2</p> <p>Name: McPherson, Cathy</p> <p>Address: 1728 Manchester; Grosse Pte Woods 48236</p> <p>4. Date of Receipt: 4/28/06</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	<p>\$ 40.00</p>		
<p>3. Contribution # 3</p> <p>Name: Smith, Rosemarie</p> <p>Address: 27521 Bohn; Roseville, Mi 48066</p> <p>4. Date of Receipt: 4/28/06</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	<p>\$ 30.00</p>		
<p>3. Contribution # 4</p> <p>Name: LaFave, Michael</p> <p>Address: 36610 25 Mile Rd; New Baltimore, Mi 48047</p> <p>4. Date of Receipt: 4/20/06</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	<p>\$ 30.00</p>		
<p>Page Subtotal)</p> <p>Grand Total of All Schedules 4A</p> <p>(Complete on last page of Schedule)</p>		<p>300.00</p>	

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MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137553  
2. Committee Name Excellence in Education

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name: <u>Steenland, Jon</u> Address: <u>53039 Bayberry; Macomb Hts. Mi 48042</u> 4. Date of Receipt <u>4/21/06</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ 30.00	
3. Contribution # 2 Name: <u>Geese, Linda</u> Address: <u>3529 Marc Dr; Sterling Hts. Mi 48310</u> 4. Date of Receipt <u>4/20/06</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ 50.00	
3. Contribution # 3 Name: <u>McGuire, Karen</u> Address: <u>11183 Bay Shore Ct; Clarkston. Mi 48348</u> 4. Date of Receipt <u>4/20/06</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ 40.00	
3. Contribution # 4 Name: <u>O'Keay, Martha</u> Address: <u>49849 Hidden Valley; Macomb Twp. Mi 48044</u> 4. Date of Receipt <u>4/20/06</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ 50.00	
Page Subtotal) Grand Total of All Schedules 4A (Complete on last page of Schedule)		170.00	

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MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137553

2. Committee Name Excellence in Education

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name: <u>Quadrozzi, Carole</u> Address: <u>56 Bellevue; Mt Clemens, Mi 48043</u> 4. Date of Receipt <u>4/20/06</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>50.00</u>		
3. Contribution # 2 Name: <u>Goethals, Deborah</u> Address: <u>47266 Warwick Ct; Shelby Twp. Mi 48315</u> 4. Date of Receipt <u>4/20/06</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>50.00</u>		
3. Contribution # 3 Name: <u>Massey, Daniel</u> Address: <u>29530 Freemont; Roseville, Mi 48066</u> 4. Date of Receipt <u>4/21/06</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>40.00</u>		
3. Contribution # 4 Name: <u>Renshaw, Mark</u> Address: <u>29600 Guthrie; Roseville, Mi 48066</u> 4. Date of Receipt <u>4/21/06</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>40.00</u>		
Page Subtotal) Grand Total of All Schedules 4A (Complete on last page of Schedule)		<u>180.00</u>	

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MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number

137553

2. Committee Name

Excellence in Education

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.

6. Amount

7. Cumulative for  
Election Cycle for Each  
Contributor (Through  
date of receipt)

3. Contribution # 1

4. Date of Receipt

4/17/06

Name:

Aiuto, Gennie

Address:

18235 Marquette; Roseville, Mi 48066

5. If over \$100.00 cumulative, please provide:

Occupation

Employer

Business Address

Type of Contribution:

☐ Direct

☐ Loan from a person

☒ Fund Raiser

\$40.00

3. Contribution # 2

4. Date of Receipt

4/20/06

Name:

Barbret, Fred

Address:

27844 Bohn; Roseville, Mi 48066

5. If over \$100.00 cumulative, please provide:

Occupation

Employer

Business Address

Type of Contribution:

☐ Direct

☐ Loan from a person

☒ Fund Raiser

\$35.00

3. Contribution # 3

4. Date of Receipt

4/18/06

Name:

Switanowski, Kevin

Address:

29256 Commonwealth; Roseville, Mi 48066

5. If over \$100.00 cumulative, please provide:

Occupation

Employer

Business Address

Type of Contribution:

☐ Direct

☐ Loan from a person

☒ Fund Raiser

\$45.00

3. Contribution # 4

4. Date of Receipt

4/25/06

Name:

Van Houten, David

Address:

19100 Warwick; Beverly Hills, Mi 48023

5. If over \$100.00 cumulative, please provide:

Occupation

Employer

Business Address

Type of Contribution:

☐ Direct

☐ Loan from a person

☒ Fund Raiser

\$50.00

Page Subtotal)

Grand Total of All Schedules 4A  
(Complete on last page of Schedule)

170.00

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MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number

137553

2. Committee Name

Excellence in Education

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1</p> <p>Name: <u>Young, Loretta</u></p> <p>Address: <u>35723 Devereau; Clinton Twp, Mi 48035</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	<p>4. Date of Receipt <u>4/20/06</u></p>	<p>\$ 40.00</p>	
<p>3. Contribution # 2</p> <p>Name: <u>Tarblow, Claudia</u></p> <p>Address: <u>26800 Herber; St Clair Shores. Mi 48081</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	<p>4. Date of Receipt <u>4/28/06</u></p>	<p>\$ 50.00</p>	
<p>3. Contribution # 3</p> <p>Name: <u>Skidmore, David</u></p> <p>Address: <u>14341 Berkshire; Riverview Mi 48192</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	<p>4. Date of Receipt <u>4/29/06</u></p>	<p>\$ 40.00</p>	
<p>3. Contribution # 4</p> <p>Name: <u>McCartney, Matt</u></p> <p>Address: <u>27861 Brinker; Oshtemo. Mi 48066</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	<p>4. Date of Receipt <u>4/29/06</u></p>	<p>\$ 26.00</p>	
<p>Page Subtotal)</p> <p>Grand Total of All Schedules 4A</p> <p>(Complete on last page of Schedule)</p>		<p>156.00</p>	

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MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number

137553

2. Committee Name

Excellence in Education

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1</p> <p>4. Date of Receipt <u>4/30/06</u></p> <p>Name: <u>Claseman, Judy</u></p> <p>Address: <u>21717 Lakeshore; St Clair Shores, Mi 48081</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	<p>\$ 25.00</p>		
<p>3. Contribution # 2</p> <p>4. Date of Receipt <u>4/20/06</u></p> <p>Name: <u>Boelster, Kara</u></p> <p>Address: <u>28749 Hollywood; Roseville, Mi 48066</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	<p>\$ 20.00</p>		
<p>3. Contribution # 3</p> <p>4. Date of Receipt <u>4/21/06</u></p> <p>Name: <u>Cook, Lori</u></p> <p>Address: <u>30695 Tennessee; Roseville, Mi 48066</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	<p>\$ 30.00</p>		
<p>3. Contribution # 4</p> <p>4. Date of Receipt <u>4/23/06</u></p> <p>Name: <u>Alexander, Jennex</u></p> <p>Address: <u>25981 Acacia; Southfield, Mi 48034</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	<p>\$ 40.00</p>		
<p>Page Subtotal)</p> <p>Grand Total of All Schedules 4A</p> <p>(Complete on last page of Schedule)</p>		<p>125.00</p>	

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ITEMIZED CONTRIBUTIONS  
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<p>3. Contribution # 1</p> <p>4. Date of Receipt <u>7/20/06</u></p> <p>Name: <u>Wilson, Warren</u></p> <p>Address: <u>30631 Hedden Pkwy; Roseville, Mi 48066</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ 40.00	
<p>3. Contribution # 2</p> <p>4. Date of Receipt <u>7/20/06</u></p> <p>Name: <u>Witting, Cheryl</u></p> <p>Address: <u>17926 Common Rd; Roseville, Mi 48066</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ 30.00	
<p>3. Contribution # 3</p> <p>4. Date of Receipt <u>7/20/06</u></p> <p>Name: <u>Zalewski, Marilyn</u></p> <p>Address: <u>29070 Pinehurst; Roseville, Mi 48066</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ 30.00	
<p>3. Contribution # 4</p> <p>4. Date of Receipt <u>7/23/06</u></p> <p>Name: <u>Gardner, Rebecca</u></p> <p>Address: <u>11171 Seamount; Sterling Hts. Mi 48314</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ 30.00	
<p>Page Subtotal)</p> <p>Grand Total of All Schedules 4A</p> <p>(Complete on last page of Schedule)</p>		130.00	

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MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number

137553

2. Committee Name

Excellence in Education

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1</p> <p>Name: <u>Green, Ruth</u></p> <p>Address: <u>17812 Oakdale; Roseville. Mich 48066</u></p> <p>4. Date of Receipt <u>4/22/06</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	<p>\$ 25.00</p>		
<p>3. Contribution # 2</p> <p>Name: <u>Stanley, Patricia</u></p> <p>Address: <u>39596 Schroeder; Clinton Twp. Mich 48038</u></p> <p>4. Date of Receipt <u>4/28/06</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	<p>\$ 30.00</p>		
<p>3. Contribution # 3</p> <p>Name: <u>Kepler, Irene</u></p> <p>Address: <u>27344 Leroy; Roseville. Mich 48066</u></p> <p>4. Date of Receipt <u>4/22/06</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	<p>\$ 50.00</p>		
<p>3. Contribution # 4</p> <p>Name: <u>Hooet, LaDonga</u></p> <p>Address: <u>19215 Martin; Roseville. Mich 48066</u></p> <p>4. Date of Receipt <u>5/1/06</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	<p>\$ 30.00</p>		
<p>Page Subtotal)</p> <p>Grand Total of All Schedules 4A</p> <p>(Complete on last page of Schedule)</p>		<p>135.00</p>	

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MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137553

2. Committee Name Excellence in Education

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name: <u>Lava, Dan</u> Address: <u>26630 Oak ; Roseville, Mi 48066</u> 4. Date of Receipt <u>4/28/06</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ 30.00	
3. Contribution # 2 Name: <u>Hart, Carmel</u> Address: <u>36017 Lyall ; Roseville Mi 48066</u> 4. Date of Receipt _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$20.00	
3. Contribution # 3 Name: _____ Address: _____ 4. Date of Receipt _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 Name: _____ Address: _____ 4. Date of Receipt _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
Page Subtotal) Grand Total of All Schedules 4A (Complete on last page of Schedule)		<u>50.00</u> <u>1646.00</u>	

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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES  
SCHEDULE 4B  
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number

137553

2. Committee Name

Excellence in Education

3. Name and address of person to whom paid	4. State purpose of expenditure. 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure #1 Name: Postmaster - Roseville Address: 30550 Heaviest Roseville, MI 48066 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: Postage 5. Ballot Proposal: Bond County: Macomb <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	4/21/06	\$ 2080.00	
Expenditure #2 Name: Calleen McCartney Address: 27861 Brecker Roseville, MI 48066 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: Postage, refreshment for Senior Citizens 5. Ballot Proposal: Bond County: Macomb <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	4/24/06	\$ 691.96	
Expenditure #3 Name: Postmaster - Roseville Address: (see above) <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: Postage 5. Ballot Proposal: Bond County: Macomb <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	4/25/06	\$ 74.00	
Expenditure #4 Name: Lynn Hutchison Address: 5900 Fall Oak Way Brighton, MI 48116 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: Refreshments 5. Ballot Proposal: Bond County: Macomb <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	5/2/06	\$ 23.00	

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2868.96

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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES  
SCHEDULE 4B  
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number \_\_\_\_\_

2. Committee Name \_\_\_\_\_

3. Name and address of person to whom paid	4. State purpose of expenditure. 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name: <u>Brent White</u> Address: <u>28531 Jahax</u> <u>Dowseville, Mi 48066</u> <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Web Site Expenses</u> 5. Ballot Proposal: <u>Bond</u> County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>5/2/06</u>	<u>\$89.20</u>	
Expenditure # 2 Name: <u>Jake Conert</u> Address: <u>16701 Beltmar</u> <u>Dowseville, Mi 48066</u> <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Office supplies,</u> <u>Rubber stamp</u> 5. Ballot Proposal: <u>Bond</u> County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>4/24/06</u>	<u>\$48.14</u>	
Expenditure # 3 Name: <u>Rebecca Vasil</u> Address: <u>5314 Yorkshire</u> <u>Detrock, Mi 48224</u> <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Rec Dept Rental,</u> <u>Refreshments</u> 5. Ballot Proposal: <u>Bond</u> County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>5/11/06</u>	<u>\$196.93</u>	
Expenditure # 4 Name: _____ Address: _____ <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: _____ 5. Ballot Proposal: _____ County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local			

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334.27  
3303.23

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